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FACSIMILE TRANSMITTAL

TO:	FROM:
Name:	Name: Thomas H. Martin, Esq.
Firm: U.S. Patent & Trademark Office	Phone No.: 330-877-2277
Fax No.: 703-872-9303	No. of Pages (including this): 8
Subject: U.S. Patent Application No. 09/921,844 Gary K. Michelson Filed: August 3, 2001 SPINAL IMPLANT SURFACE CONFIGURATION Attorney Docket No. 101.0084-01000 Customer No. 22882 Confirmation No. 8295	Date: March 26, 2004 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment with attachment are being facsimile transmitted to the U.S. Patent and Trademark Office on March 26, 2004.


Sandra L. Blackmon

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FORM PTO-1083

BOX AF
 RESPONSE UNDER 37 C.F.R. 1.116
 EXPEDITED PROCEDURE
 EXAMINING GROUP 3738

Attorney Docket No.: 101.0084-01000
 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 09/921,844

Filed: August 3, 2001

For: SPINAL IMPLANT SURFACE
CONFIGURATION

Confirmation No.: 8295

Group Art Unit: 3738

Examiner: B. Snow

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Final Office Action dated January 7, 2004 in the above-identified application.

- ☒ No additional fee is required.
☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	118	-	127	**	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	LG=\$88 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$950.00 to cover the three-month extension fee is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 MARTIN & FERRARO, LLP

Date: March 26, 2004

By: 
 Thomas H. Martin
 Registration No. 34,383

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

REQUEST FOR RECONSIDERATION

In reply to the to the Final Office Action dated January 7, 2004, the following
remarks are submitted:

Request 3-26-04